



# BASIC DEATH REGISTRATION

REV 08/24/18



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REV 04/18

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# Basic Death Registration Checklist

## Funeral Home Part 1 – Starting a Death Record

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Start a new record
- ☐ Verify there are no Duplicate Records
- ☐ Complete all Yellow Fields on all Demographic tabs.
- ☐ Print the Verification of Death Facts; have the Informant sign it.
- ☐ Assign the Medical Certifier for the Record.

## Medical Certifier – Medical Data Entry

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Accept the death record assigned.
- ☐ Complete the Medical Data Entry (Tabs 1 through 3)
- ☐ Medically Certify the Record.

## Funeral Home Part 2 – Demographic Verification and Release

- ☐ Log back into TxEVER and locate the Record the Medical Certifier Certified
- ☐ Complete the DCOA Order
- ☐ Demographically Verify the Record
- ☐ Release the Record





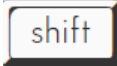

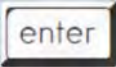
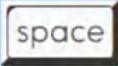






~ State Office Reviews and Accepts the Record ~

## Local Registrar – Accepts and Prints the Record

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Accept the record
- ☐ Print the Local Copy – the Local file number and Local File Date will be automatically assigned.
- ☐ Index the new record within the Local's Files



# Keyboard Shortcuts

Press T or 	Enters current date in any date field.
Press T and  or 	Enters the current date and you can populate a day before or after.
Tab or 	Moves forward from one box/field to another box/field.
Shift Tab or  + 	Moves backward from one box/field to another box/field.
Enter or 	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or 	Selects a radio button or check box.
Arrow Keys or  or 	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 	Opens a dropdown list.
Escape or 	Closes a dropdown list.
Ctrl + S or  + 	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

# Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	0200	È Diacritical Mark
142	Ä Diacritical Mark	0205	Í Diacritical Mark
144	É Diacritical Mark	0207	Ï Diacritical Mark
153	Ö Diacritical Mark	0204	Ì Diacritical Mark
154	Ü Diacritical Mark	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark	0210	Ò Diacritical Mark
0193	Á Diacritical Mark	0213	Õ Diacritical Mark
0194	Â Diacritical Mark	0218	Ú Diacritical Mark
0192	À Diacritical Mark	0217	Ù Diacritical Mark
0195	Ã Diacritical Mark	0221	Ý Diacritical Mark
0235	Ë Diacritical Mark		



# BASIC DEATH REGISTRATION -FUNERAL HOMES PART 1



# LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text "Texas Department of State Health Services". On the top right is a small circular logo with a blue and white design. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". Below the banner is a large image of a smiling woman holding a baby. Overlaid on the bottom right of this image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image is a blue section with white text: "TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute." Below this is a section titled "Contacting the Texas Department of State Health Services(DSHS)". It contains a table of telephone numbers and a mailing address. At the bottom of the page is a yellow button that says "Log on to Texas Department of State Health Services". Below this button are two links: "User Enrollment" and "Report TxEVER Issue(s)". A dashed line points from the "User Enrollment" link to a grey box on the left that says "Click here to report issues with TxEVER". Another dashed line points from the "Report TxEVER Issue(s)" link to a grey box on the right that says "Click here to enroll OR update your user account".

**TEXAS**  
Health and Human Services

Texas Department of State Health Services

Welcome to the Texas Department of State Health Services!

**LOG IN to TxEVER**

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.  
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.  
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

**Contacting the Texas Department of State Health Services(DSHS)**

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Texas Department of State Health Services
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	State Office of Vital Records
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Address: 1100 West 49th Street, Austin, TX 78756
			Ph: (512) 776-7111

**Log on to Texas Department of State Health Services**

[User Enrollment](#)  
[Report TxEVER Issue\(s\)](#)

Click here to report issues with TxEVER

Click here to enroll OR update your user account



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Health Services



## TxEVER Terms of Use

**WARNING:** THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

**Step 2:** Click Yes to agree to the terms and conditions and gain access to TxEVER.





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Health Services



## Login

User Name:

komieatty1

Password:

\*\*\*\*\*

[Forgot Password?](#)

Log In

Forgot your password?

Click here to reset password.

**Step 3:** Type your  
TxEVER user name and  
password.

**Step 4:** Click "Log In".



## Location

Find important news and updates in the TxEVER broadcast message area.

**Step 5:** Select your user location. Use dropdown if you have multiple locations/offices.

**Step 6:** Click "OK."

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

ALICIA WESTWORLD, we

FUNCTION TOOLS HELP

LogOut

Step 7: Select Death Module Tab to start the Death Registration.

Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records

Show Dashboard

Dashboard filters: RECORD NOT FILED WITHIN 10 DAYS OF DEATH

--Select a value--

RECORD NOT FILED WITHIN 10 DAYS OF DEATH

RECORD RETURNED FOR CORRECTION FROM STATE

ALL UNRESOLVED

EDR # Medical Case Number Date Of Death Date Of Birth Decedent

Page 1 of 1

No records to display.


Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved".



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

[Skip to main content](#)

GLOBALDEATH



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Texas Department of State  
Health Services


ALICIA WESTWORLD , welcome to the Texas Department of State Health Services

FUNCTION

[Demographic Data Entry](#)[Facility Statistical Correction](#)[Permit Print Queue](#)[Funeral Home Processes](#)[Switch Location](#)[Exit Application](#)


TOOLS

HELP



Show Dashboard

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Demographic Data Entry

Step 9: Select "Demographic Data Entry" to start a new death record, search, save, or abandon a record from your work queue.



## Quick Overview of the Death Icons

Navigation buttons for switching between registration tabs

DEMOCRATIC DATA ENTRY

Navigation buttons for switching between records in queue

Search for a Record

Save Current Record

CANCEL current changes since last save

Designate the Medical Certifier

Print Verification of Death Facts

Send a Reminder to the Medical Certifier

Start NEW Record

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FUNCTIONS RECORD TOOLS

Unresolved Work Queue Filter

Unresolved Work Queue

Help tips

State File Number

Death State File Number

Record Type

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Default Mode

DATE OF DEATH

Date of Death:

TIME OF DEATH

Time Of Death Type:

Time Of Death:

Time Of Death Indicator:

DECEDENT'S SEX

Sex:

Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth:

Age Units:

Age:

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only)

County Of Birth:

City Of Birth:

DECEDENT'S SSN

SSN:

Social Security Missing Value Variable:

SSN Verification Status:



Skip to main content GLOBAL DEATH

TEXAS Health and Human Services

Step 10: Click NEW Icon to start a new record.

FUNCTIONS RECORD TOOLS HELP

DEMOCRATIC DATA ENTRY

Unresolved Work Queue

Red Asterisks (\*) are MANDATORY Fields and cannot be left blank

Help tips

New Record

GENERAL

Date Of Death Type: \*  
ACTUAL DATE OF DEATH

Date Of Death: \*

SSN:

SSN Missing Value Variable:  
--Select a value--

Record Type: \*  
IDENTIFIED

EDR Number:

MED Rec:

ME Case Number:

DECEDENT

First Name: Middle Name: Last Name: \*

Generational ID: Date Of Birth: Gender: \*

--SELECT A VALUE--

PLACE OF DEATH

Type Of Place Of Death:  
--Select a value--

Place Of Death:  
--Select a value--

Yellow Fields without red asterisks (\*) are not mandatory on this window. Filling them out will transfer the information to the main window.

Find Record Cancel


A New Record window will open requesting information about the decedent.

- The information obtained here will be used to search for a duplicate record.
- Duplicate records relinquished by other funeral homes will be available to take the ownership of the record.
- If there are no duplicates, the information typed here will transfer to the main page.

Helpful Tips

Use your keyboards TAB key to move the cursor to each field.

[Skip to main content](#) GLOBAL DEATH LogOut

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FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue:

**New Record**

**GEN**

Date Of Death Type:\*  
ACTUAL DATE OF DEATH

Date Of Death:\*  
04/27/2018

SSN:  
--Select a value--

SSN Missing Value Variable:  
--Select a value--

Record Type:\*  
IDENTIFIED

EDR Number:

MED Rec:

ME Case Number:

**Double Data Entry**

This field is required double data entry. Please re-enter the value.

Re-enter Value:

OK

Place Of Death:  
--Select a value--

Find Record Cancel

**Step 11: After providing general information, Click "Find Record"**





EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: --Select a value-- 0

**Unresolved List / Stakeholders**

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

**ACTIVITY:**

Field Name:

Field Status:

Action: Updating Record

**GENERAL INFORMATION**

State File Number: Birth State File Number: Record Type: \* IDENTIFIED

**DECEDENT'S LEGAL NAME**

Prefix: --Select a value-- First Name: ANY

Middle Name: DECEASED Last Name: \* PERSON

Generational ID: --Select a value--

**DATE OF DEATH**

Date of Death Type: \* ACTUAL DATE OF DEATH Date of Death: \* 04/27/2018

**TIME OF DEATH**

Time Of Death Type: --Select a value-- Time Of Death: Time Of Death Indicator: --Select a value--

**DECEDENT'S SEX**

Sex: \* UNKNOWN Maiden Last Name:

**DECEDENT'S DATE OF BIRTH**

Date Of Birth: Age Units: --Select a value-- Age:

**DECEDENT'S BIRTHPLACE**

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value-- City(Other):

**DECEDENT'S SSN**

SSN: Social Security Missing Value Variable: UNKNOWN SSN Verification Status:

Previous Save Next

The Data provided on the "New Record" pop up window is transferred to the matching fields on the demographics tabs.

EDR: 000000000182    Filing Deadline: 10 Day(s)    Unresolved Work Queue: --Select a value--    **PHIC DATA ENTRY**    Unresolved Work Queue: --Select a value-- 0

**Unresolved List / Stakeholders**

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

**ACTIVITY:**

Field Name:

Field Status:

Action: **Updating Record**

State File Number:

Record Type: \* IDENTIFIED

**DECEDENT'S LEGAL NAME**

Prefix: --Select a value--

First Name: ANY

Middle Name: DECEASED

Last Name: \* PERSON

Generational ID: --Select a value--

Date of Death Type: \* ACTUAL DATE OF DEATH

Time Of Death Type: --Select a value--

Time Of Death Indicator: --Select a value--

**DECEDENT'S**

Sex: \* U

Maiden Last Name:

**DECEDENT'S DATE OF BIRTH**

Month: --Select a value--

Day: --Select a value--

Year: --Select a value--

**DECEDENT'S SSN**

State/Country: (Please click checkbox to filter countries only)

County Of Birth: --Select a value--

City Of Birth: --Select a value--

City(Other):

Priority Missing Value: UNKNOWN

Marital Status:

**Alert**

You have left this item blank. Leaving it blank will mean 'none' for this item unless you wish to complete it later.

Complete Later    Leave Blank

Previous    Save    Next

Yellow Fields still need to be addressed. If it has a Red Asterisk (\*), then it is mandatory. If not, select it and tab out to show it was reviewed.

Some Fields, though not mandatory, want to verify you intended to leave blank or give you the option to complete later.



EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a v DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: 0

Please select Social Security Missing Variable

**Step 13: Complete all Yellow Fields. Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.**

**Unresolved List / Stakeholders**

✓ Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

**ACTIVITY:**

Social Security Missing Value Variable: UNKNOWN

Field Status: Resolved

Action: Updating Record

**GENERAL INFORMATION**

State File Number: Birth State File Number: Record Type: \* IDENTIFIED

**DECEDENT'S LEGAL NAME**

Prefix: First Name: ANY

Middle Name: Last Name: \* PERSON

Generational ID: --Select a value--

**DATE OF DEATH**

Date of Death Type: \* ACTUAL DATE OF DEATH Date of Death: \* 04/27/2018

**TIME OF DEATH**

Time Of Death Type: ACTUAL TIME OF DEATH Time Of Death: 08:30 Time Of Death Indicator: MILITARY

**DECEDENT'S SEX**

Sex: \* UNKNOWN Maiden Last Name:

**DECEDENT'S DATE OF BIRTH**

Date Of Birth: 01/01/1901 Age Units: YEARS Age: 117

**DECEDENT'S BIRTHPLACE**

State/Country: (Please click checkbox to filter countries only) CALIFORNIA

SAN BERNARDINO

VICTORVILLE

SSN: Social Security Missing Variable: SSN Verification Status:

Previous Save Next

**Step 14: Click "Next" to advance through the Demographic Tabs. The Green Arrows (← →) on the icon bar at the top of the page can also be used to navigate between tabs.**

It is recommended to Save often to avoid losing data.

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

HELP

LogOut

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOCRATIC DATA ENTRY

PERSON, ANY, 2018/04/27

Please select Decedent's Education

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments
- ACTIVITY: Decedent's Education: --Select a value-- Field Status: Unresolved Action: Updating Record

VERIFICATION OF DEATH FACTS HAS BEEN SIGNED

Verification of Death Facts has been signed ☒

METHOD OF DISPOSITION

Method: CREMATION (Specify):

BURIAL DETAILS

Unknown Section/Block/Lot/Space Number: ☒ Section Number: Lot Number:

Block Number: Space Number:

Place of Disposition Type: OTHER

Place of Disposition: --Select a value--

State/Country: (Please click checkbox to filter countries only) ☐ TEXAS

City/Town: AUSTIN Zip: 78756 Zip Ext: Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: Facility Name(Other):

FINAL DESTINATION FUNERAL HOME - AL

Step 15: Once all Demographics tabs are completed, Print the Verification of Death Facts and have the Informant sign it. Click ( ) to verify the verification has been signed.

TIP: The "Verification of Death Facts has been signed" check box cannot be checked until after printing the Verification of Death Facts (VDF). After printing the VDF, the Demographics 5 Tab Green Check Mark will disappear until the box has been checked.

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of Health Services

RECORD TOOLS HELP

LogOut

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOCRATIC DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Please select Decedent's Education

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

ACTIVITY:

Decedent's Education: --Select a value--

Field Status: Unresolved

Action: Updating Record

Verification of Death Facts has been signed

Medical Certifier Designation

Certifier Type: --Select a value--

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

Designate Search Cancel

Zip: 78756 Zip Ext:

Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: Facility Name(Other):

FINAL DESTINATION FUNERAL HOME - AL

Step 16: Once all Demographics tabs are completed, Assign the Medical Certifier. Click ( ) to designate the Medical Certifier.



**Medical Certifier Designation**

Certifier Type: --Select a value--

Facility Name:

And/Or

First Name:  Middle Name:  Last Name:  License:

Step 17: Select Certifier Type

**Medical Certifier Designation**

Certifier Type: PHYSICIAN

Facility Name:

And/Or

First Name:  Middle Name:  Last Name:  License:

Facility Name	Type	First Name	Middle Name
AUSTIN REGIONAL CLINIC-AUST	PRONOUNCING AND CERT	MAJOR	

Step 18: Type the Facility name and click "Search"

**Medical Certifier Designation**

Certifier Type: PHYSICIAN

Facility Name:

And/Or

First Name:  Middle Name:  Last Name:  License:

Facility Name	Type	First Name	Middle Name
AUSTIN REGIONAL CLINIC-AUST	PRONOUNCING AND CERT	MAJOR	

Step 19: Select the certifier and click "Designate"

What if you need to Change the Medical Certifier?

As long as the Medical certifier has not started working on the record or has rejected the record, you can repeat steps 15 through 18 to assign a new Medical Certifier.



# BASIC DEATH REGISTRATION -Medical Certifier



# LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top, there are logos for the Texas Department of State Health Services and the Texas Department of Health and Human Services. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". The main image is a photograph of a smiling woman holding a baby. Overlaid on the bottom right of the image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image, there is a paragraph of text about TxEVER and its development. Further down, there is a section titled "Contacting the Texas Department of State Health Services(DSHS)" which contains a table of telephone numbers and a mailing address. At the bottom of the page, there are two yellow buttons: "Log on to Texas Department of State Health Services" and "User Enrollment Report TxEVER Issue(s)". A dashed line points from the "User Enrollment Report TxEVER Issue(s)" button to a grey box on the left that says "Click here to report issues with TxEVER". Another dashed line points from the same button to a grey box on the right that says "Click here to enroll OR update your user account".

**TEXAS** Health and Human Services | Texas Department of State Health Services

**Welcome to the Texas Department of State Health Services!**

**LOG IN to TxEVER**

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.  
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.  
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

**Contacting the Texas Department of State Health Services(DSHS)**

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Texas Department of State Health Services
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	State Office of Vital Records
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Address: 1100 West 49th Street, Austin, TX 78756
			Ph: (512) 776-7111

**Log on to Texas Department of State Health Services**

**User Enrollment Report TxEVER Issue(s)**

Click here to report issues with TxEVER

Click here to enroll OR update your user account



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Are you in agreement with above stated terms & conditions?

Yes

No

**Step 2:** Click Yes to agree to the terms and conditions and gain access to TxEVER.



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Health and Human  
Services

Texas Department of State  
Health Services



## Login

User Name:

Password:

[Forgot Password?](#)

**Step 3:** Type your TxEVER user name and password.

Forgot your password?  
Click here to reset password.

**Step 4:** Click "Log In".



## Location

Find important news and updates in the TxEVER broadcast message area.

**Step 5:** Select your user location. Use dropdown if you have multiple locations/offices.

**Step 6:** Click "OK."



Skip to main content GLOBAL DEATH **Step 7: Select Death Module Tab to start the Medical part of Death Registration.**

TEXAS Health and Human Services Texas Department of State Health Services FUNCTION TOOLS HELP

MAJOR MAJOR , welcome Health Services! Show Dashboard

Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records

Dashboard filters: RECORD NOT FILED WITHIN 10 DAYS OF DEATH --Select a value-- RECORD NOT FILED WITHIN 10 DAYS OF DEATH RECORD RETURNED FOR CORRECTION FROM STATE ALL UNRESOLVED

Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved".

EDR # Medical Case Number Date Of Death Date Of Birth Decedent Name Certifier

Page 1 of 1 No records to display.


Current Date: 27-Apr-2018 | Build Number: 1.0.0.0 ©2017 | Genesis Systems, Inc. GENESIS



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.



[Skip to main content](#) GLOBAL DEATH **FETAL DEATH** | [Home](#) | [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

**MAJOR MAJOR , welcome to the Texas Department of State Health Services**

**FUNCTION** ▾ **TOOLS** ▾ **HELP** ▾


- [Medical Data Entry](#)
- [Medical Amendment](#)
- [Switch Location](#)
- [Exit Application](#)

[Show Dashboard](#)

**Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry**

**Step 9: Select "Medical Data Entry" to locate a death record, search, save, or reject a record from your work queue.**

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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[Skip to main content](#) GLOBAL DEATH FETAL DEATH

**TEXAS** Health and Human Services | Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: Unresolved Work Queue: 0

**MEDICAL DATA ENTRY**

Help tips

Search for a Record

Save Current Record

CANCEL current changes since last save

Navigation buttons for switching between records in queue

Navigation buttons for switching between registration tabs

Start NEW Record

Demographic 1  
Demographic 2  
Demographic 3  
Demographic 4  
Demographic 5

State File Number:  
Birth State File Number:  
Record Type: --Select a value--

DECEASED'S LEGAL

Generational ID: --Select a value--

**DATE OF DEATH**

Date of Death Type: \* --Select a value--  
Date of Death: \*

**TIME OF DEATH**

Time Of Death Type: --Select a value--  
Time Of Death: --Select a value--  
Time Of Death Indicator: --Select a value--

**DECEASED'S SEX**

Sex: \* --Select a value--  
Maiden Last Name:

**DECEASED'S DATE OF BIRTH**

Date Of Birth: --Select a value--  
Age Units: --Select a value--  
Age:

**DECEASED'S BIRTHPLACE**

State/Country: (Please click checkbox to filter countries only) --Select a value--  
County Of Birth: --Select a value--  
City Of Birth: --Select a value--

**DECEASED'S SSN**

SSN: --Select a value--  
Social Security Missing Value Variable: --Select a value--  
SSN Verification Status:

[Skip to main content](#) GLOBAL DEATH FETAL DEATH

FUNCTIONS RECORD TOOLS HELP

**Step 10: Click the drop down arrow to expand the list of available queues. Select "All Unresolved"**

EDR: Filing Deadline: Unresolved Work Queue Filter: Unresolved Work Queue: 1

Help tips

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Default Mode

MEDICAL DATA ENTRY

GENERAL INFORMATION

Birth State:

Prefix:

Middle Name:

Generational ID:

DATE OF DEATH

Date of Death Type: \*

Date of Death: \*

TIME OF DEATH

Time Of Death Type:

Time Of Death:

Time Of Death Indicator:

DECEDENT'S SEX

Sex: \*

Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth:

Age Units:

Age:

DECEDENT'S BIRTHPLACE

DECEDENT'S SSN

**Step 11: Click the drop down arrow to expand the list of available records assigned in the selected queue. Select the record to complete the Medical Tabs.**

PERSON, ANY, 2018/04/27

**Helpful Tips**

The Unresolved Work Queue will update showing how many records are in the queue after selecting which queue you would like to view on step 4.



Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Unresolved List / Stakeholders

General Information

State File Number: Birth State File Number: Record Type: --Select a value--

Demographic 1: Prefix: You have been designated on this record for Medical Certification. Click "Accept" to complete certification or you can "Reject" this record.

Demographic 2: --Select--

Demographic 3: Middle Name: --Select--

Demographic 4: Generation: --Select a value--

Demographic 5: Date of Death Type: \* Date of Death: --Select a value--

Medical 1: TIME OF DEATH: Time of Death: --Select a value--

Medical 2: Maiden Last Name: Age Units: --Select a value--

Medical 3: Age: --Select a value--

Comments: Field Names: Field Status: Action: Default Message

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value--

County Of Birth: --Select a value--

City Of Birth: --Select a value--

DECEDENT'S SSN

SSN: --Select a value--

Social Security Missing Value Variable: --Select a value--

SSN Verification Status: --Select a value--

**Death Registration**

You have been designated on this record for Medical Certification. Click "Accept" to complete certification or you can "Reject" this record.

Accept Reject

**Step 12: Click "Accept" to start adding the Medical Data for the selected Record.**

**If you are not the Medical Certifier for this record, Click Reject. The Funeral Home will be notified to designate the correct Medical Certifier.**



Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue: --Select a value--

Please select Decedent's Presumed Prefix

Unresolved List / Stakeholders

Demographic 1  
Demographic 2  
Demographic 3  
Demographic 4  
Demographic 5  
Medical 1  
Medical 2  
Medical 3  
Comments  
ACTIVITY:  
Decedent's Presumed Prefix: --Select a value--  
Field Status: Unresolved

Prefix: --Select a value--  
Middle Name: DEAD  
Suffix: --Select a value--  
Medical Record Number:

First Name: ANY  
Last Name: PERSON  
Sex: UNKNOWN  
ME Case Number:

CERTIFIER

Certifier Type: PRONOUNCING AND CERTIFYING PHYSICIAN  
Certifier Office Name: AUSTIN REGIONAL CLINIC-AUSTIN  
State/Country: TEXAS  
City/Town: AUSTIN  
Zip Ext:  
Certifier License: J4545

Certifier Name: MAJOR MAJOR  
Street Address: 300 WEST 49TH STREET  
County: TRAVIS  
Zip: 78751  
Date Certifier Signed: / /

DATE AND TIME OF DEATH

Date Of Death: 04/27/2018  
Time Of Death: --Select a value--  
Time Of Death Type: --Select a value--  
Time Of Death Indicator: --Select a value--

Yellow Fields still need to be addressed. If it has a Red Asterisk (\*), then it is mandatory. If not, select it and tab out to show it was reviewed.

Step 13: Click "Medical 1" Tab

Some Fields, though not mandatory, want to verify you intended to leave blank or gives you the option to complete later.

Mandatory fields on the Medical Tabs will ask you if you want to complete them later if you click or tab into the field and then tab out without completing.

EDR: 00000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a v MEDICAL DATA ENTRY Unresolved Work Queue: 8/04/27 1

Please enter Enter the chain of events -

**Step 14: Complete all Yellow Fields.** Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.

**Unresolved List / Stakeholders**

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3
- Comments

**ACTIVITY:**

Enter the chain of events - that caused the death:  
**Primary Immediate Cause of death**

Field Status:  
**Resolved**

Action:  
**Updating Record**

**CAUSE OF DEATH - PART I**

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:

IMMEDIATE CAUSE (Final disease or condition resulting in death.)

a. PRIMARY IMMEDIATE CAUSE OF DEATH Approximate Interval: Onset to Death

MINUTES

DUE TO (or as a consequence of.)

b. SUPPORTING CAUSE OF DEATH DAYS

DUE TO (or as a consequence of.)

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH MONTHS

DUE TO (or as a consequence of.)

d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT YEARS

**CAUSE OF DEATH - PART II**

Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

**AUTOPSY INFORMATION**

Was an Autopsy Performed: Were Autopsy Findings Available:

NO --Select a value--

**MANNER OF DEATH**

Manner Of Death: NATURAL

**CONTRIBUTE TO DEATH**

NO If Female: Pregnant: NOT APPLICABLE

Previous Save Next

It is recommended to Save often to avoid losing data.

**Step 15: Click "Next" to advance through the Medical Tabs.** The Green Arrows (← →) on the icon bar can also be used to navigate between tabs.

Fridav. April 27, 2018

[Skip to main content](#) GLOBAL DEATH FETAL DEATH LogOut

**TEXAS** Health and Human Services

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value--

**MEDICAL DATA ENTRY**

Please enter the chain of events - that caused the death A

**Unresolved List / Stakeholders**

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3

**Comments**

**ACTIVITY:**  
Enter the chain of events - that caused the death:  
**PRIMARY IMMEDIATE CAUSE OF DEATH**  
Field Status: **Resolved**  
Action: **Updating Record**

**ANY INJURY INFORMATION TO REPORT**

Any Injury Information To Report: --Select a value--

**TRANSPORTATION INJURY INFORMATION**

Was injury related to a transportation accident: --Select a value--

Decedent's Role In Transportation: --Select a value--

(Specify):

**DATE AND TIME OF INJURY**

Date of Injury: / / Injury Time: : : AM/PM: --Select a value--

**PLACE OF INJURY**

Injury at Work: --Select a value--

Place of Injury:

Street Address:

Apt:

State/Country: (Please click checkbox to filter countries only) --Select a value--

County: --Select a value--

City/Town: --Select a value--

City(Other):

Zip: --SELECT A VALUE--

Zip Ext:

**DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED**

Describe how injury occurred:

**RECORD** **TOOLS** **HELP**

Search  
New  
Save  
Print  
Cancel  
Drop to Paper  
Process Medical Amendment  
Demographic Designation  
Refer to JP/Medical Examiner  
Medical Certification  
Release  
De-Certify  
Abandon


Step 16: Once all Medical tabs are completed, Click the drop down arrow to select Medical Certification.

[https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Medical Data Entry/MedicalDataEntry.aspx?FromWhere=Dashboard#](https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Medical%20Data%20Entry/MedicalDataEntry.aspx?FromWhere=Dashboard#) Save Next



[Skip to main content](#)


GLOBALDEATHFETAL DEATH



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

FUNCTIONSRECORDTOOLSHELP



EDR: 000000000182

Filing Deadline: 7 Day(s)

Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Medical Certification

DECEDENT'S INFORMATION

First Name:

.ANY

Middle Name:

DECEASED

Last Name:

PERSON

Generational ID:

DEATH INFORMATION

Date of Death:

04/27/2018

Time of Death:

08:30 MILITARY

Place of Death:

SETON NORTHWEST HOSPITAL

Preview

Cancel

Certification

Verify the information is correct.  
Preview the record by clicking the  
"Preview" button.

Activity:

Field Name:

Field Status:

Action:

Retrieving Record



## MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		DATE OF DEATH (mm-dd-yyyy)	
ANY DECEASED PERSON		04/27/2018	
PLACE OF DEATH (CITY OR TOWN AND COUNTY)		IS THE DATE OF DEATH BEING CORRECTED?	
SETON NORTHWEST HOSPITAL, AUSTIN, TRAVIS		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. CERTIFIER (Check only one)			
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.			
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER:	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
MAJOR MAJOR, BY ELECTRONIC SIGNATURE		J4545	08:30 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TYPE OF CERTIFIER	
MAJOR MAJOR, 200 WEST 49TH STREET, AUSTIN, TX 78705		MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE UNDERLYING CAUSE. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON A EACH.			Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			MINUTES
a. PRIMARY IMMEDIATE CAUSE OF DEATH			
Due to (or as a consequence of):			
b. SUPPORTING CAUSE OF DEATH			DAYS
Due to (or as a consequence of):			
c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH			MONTHS
Due to (or as a consequence of):			
d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT			YEARS
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.			
LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH			
36. MANNER OF DEATH	37. DID TOBACCO USE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Yes	<input type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Driver/Operator
<input type="checkbox"/> Accident	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Pregnant at time of death	<input type="checkbox"/> Passenger
<input type="checkbox"/> Suicide	<input type="checkbox"/> Probably	<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Homicide	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Pending Investigation		<input checked="" type="checkbox"/> Unknown if pregnant within the past year	
<input type="checkbox"/> Could not be determined			
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR (MM-DD-YYYY)	42c. REGISTRAR	
		FINAL DESTINATION FUNERAL HOME - AUSTIN, ELECTRONICALLY FILED	

EDR 00000000182

Review the information and ensure nothing was missed. This includes the Date of death, Time of Death, and Cause of death.

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193.193)

VS-174 REV 1/2006

**Medical Certification**

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

DEATH INFORMATION	
Date of Death:	04/27/2018
Time of Death:	08:30 MILITARY
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Certification

**PLEASE ENTER PIN**

☐ To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Ok Cancel

Step 17: After Previewing the record, Click "Certification" to expand the section.

Step 18: Click the box to verify you have reviewed the data and you agree with the statement. Enter your PIN then click "OK"

What if I forgot my Pin?  
Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.

**Medical Certification**

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

DEATH INFORMATION	
Date of Death:	04/27/2018
Time of Death:	08:30 MILITARY
Place of Death:	SETON NORTHWEST HOSPITAL

review Cancel Certification

**PLEASE ENTER PIN**

☐ To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Ok Cancel

**Death Registration**

Are you sure you are ready to certify the record?

Yes No

Step 19: Click "OK" to complete the Medical Certification.

The screenshot displays the 'MEDICAL DATA ENTRY' software interface. At the top, there are fields for 'EDR:', 'Filing Deadline:', 'Unresolved Work Queue Filter:', and 'Unresolved Work Queues:'. The 'Filing Deadline' is set to '7 Days', and the 'Unresolved Work Queue Filter' is set to 'All Unresolved'. The 'Unresolved Work Queues' field shows 'PERSON, ANY, 2018/04/27'. Below these fields is a 'Help tips' button. The main window is titled 'Medical Certification' and contains a 'DECEDENT'S INFORMATION' section with fields for 'First Name:', 'Middle Name:', 'Last Name:', and 'Generational ID:'. The 'First Name' field is set to 'ANY', 'Middle Name' is set to 'DECEASED', and 'Last Name' is set to 'PERSON'. A 'Death Registration' pop-up window is displayed in the center, showing the message 'Record certified successfully.' and an 'OK' button. Below the 'DECEDENT'S INFORMATION' section is a 'PLEASE ENTER PIN' section with a checkbox labeled 'To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.' and a 'Certifier Pin:' field. The 'Certifier Pin' field is currently empty. At the bottom of the 'Medical Certification' window are 'Preview', 'Cancel', and 'Certification' buttons. The background of the software interface shows a list of records on the left and a 'COMMIT' button at the bottom.

After the Medical Certification is complete, the funeral home will receive notification that it is ready to go. The record will stay in your queue until the Funeral Home signs and releases the Demographics.



**FUNERAL HOMES**  
**PART 2**  
**-DEMOGRAPHIC RELEASE**



# LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top, there are logos for the Texas Department of State Health Services and the Texas Department of Health and Human Services. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". The main image is a woman smiling and holding a baby. Overlaid on the image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image, there is a section titled "Contacting the Texas Department of State Health Services(DSHS)" which contains a table of telephone numbers and a mailing address. At the bottom, there is a yellow button that says "Log on to Texas Department of State Health Services". Below this button are two links: "User Enrollment" and "Report TxEVER Issue(s)". A dashed line points from the "User Enrollment" link to a grey box with the text "Click here to enroll OR update your user account". Another dashed line points from the "Report TxEVER Issue(s)" link to a grey box with the text "Click here to report issues with TxEVER".

**TEXAS**  
Health and Human Services | Texas Department of State Health Services

**Welcome to the Texas Department of State Health Services!**

**LOG IN to TxEVER**

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.  
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.  
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

**Contacting the Texas Department of State Health Services(DSHS)**

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Texas Department of State Health Services
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	State Office of Vital Records
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Address: 1100 West 49th Street, Austin, TX 78756
			Ph: (512) 776-7111

**Log on to Texas Department of State Health Services**

[User Enrollment](#)  
[Report TxEVER Issue\(s\)](#)

Click here to report issues with TxEVER

Click here to enroll OR update your user account



**TEXAS**  
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Texas Department of State  
Health Services



## TxEVER Terms of Use

**WARNING:** THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

**Step 2:** Click Yes to agree to the terms and conditions and gain access to TxEVER.





**TEXAS**  
Health and Human  
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Texas Department of State  
Health Services



## Login

User Name:

Password:

[Forgot Password?](#)

**Step 3:** Type your TxEVER user name and password.

Forgot your password?  
Click here to reset password.

**Step 4:** Click "Log In".

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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## Location

Find important news and updates in the TxEVER broadcast message area.


**Step 5:** Select your user location. Use dropdown if you have multiple locations/offices.

**Step 6:** Click "OK."



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GLOBALDEATH



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[Home](#) | [LogOut](#)

FUNCTION

TOOLS


HELP

[Demographic Data Entry](#)  
[Facility Statistical Correction](#)  
[Permit Print Queue](#)  
[Funeral Home Processes](#)  
[Switch Location](#)  
[Exit Application](#)

Show Dashboard

ALICIA WESTWORLD , welcome to the Texas Department of State

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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Step 7: Navigate back to the Demographic Data Entry screen

[Skip to main content](#)
GLOBAL
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LogOut

**TEXAS**  
 Health and Human  
 Services

FUNCTIONS ▾
 RECORD ▾
 TOOLS ▾
 HELP ▾

EDR:   
 Filing Deadline:  Day(s)

Unresolved Work Queue Filter:  
 --Select a value--
 

- All Unresolved
- Awaiting Medical Certification
- Demographic Data Entry Incomplete
- Drop to Paper
- Late records
- Medical Certification Complete
- Pending Acceptance
- Pending Demographic Verification
- Records filed with Registrar
- Rejected

Unresolved Work Queue:  
 --Select a value-- 0

Help tips

Unresolved List / Stakeholders

Demographic 1  
 Demographic 2  
 Demographic 3  
 Demographic 4  
 Demographic 5  
 Medical 1  
 Medical 2  
 Medical 3  
 Comments

ACTIVITY:  
 Field Name:  
 Field Status:  
 Action:  
 Default Mode

### DEMOGRAPHIC DATA ENTRY

GENERAL INFORMATION  
 Birth State File Number:

DECEDENT'S LEGAL NAME  
 Prefix: --Select a value--  
 First Name:   
 Middle Name:   
 Last Name: \*   
 Generational ID: --Select a value--

DATE OF DEATH  
 Date of Death Type: \* --Select a value--  
 Date of Death: \*

TIME OF DEATH  
 Time Of Death Type: --Select a value--  
 Time Of Death:

DECEDENT'S SEX  
 Sex: \* --Select a value--  
 Maiden Last Name:

DECEDENT'S DATE OF BIRTH  
 Date Of Birth:   
 Age Units: --Select a value--  
 Age:


DECEDENT'S BIRTHPLACE  
 State/Country: (Please click checkbox to filter countries only) --Select a value--  
 County Of Birth: --Select a value--  
 City Of Birth: --Select a value--

DECEDENT'S SSN  
 SSN:   
 Social Security Missing Value Variable: --Select a value--  
 SSN Verification Status:

**Step 8: Select "Pending Demographic Verification"**


**Step 9: Select the record that is ready to be demographically verified and released from the Drop Down List**

[Skip to main content](#)
GLOBAL
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LogOut




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Texas Department of State  
 Health Services

FUNCTIONS ▾
RECORD ▾
TOOLS ▾
HELP ▾


EDR: 000000000182
 Filing Deadline: 7 Day(s)
 Unresolved Work Queue Filter: All Unresolved

DEMOGRAPHIC DATA ENTRY
 Unresolved Work Queue: PERSON, ANY, 2018/04/27 2


 Help tips

Unresolved List / Stakeholders

Enter a comment below.
 

☒ Unresolved List
 ☐ Record Stakeholders

RECORD STATUS
 Demographic Verification Not Complete

4/27/2018 2:04:10 PM : AWESTWORLD  
 AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

☒ Demographic 4
 ☒ Demographic 5
 ☒ Medical 1
 ☒ Medical 2
 ☒ Medical 3

Comments

**ACTIVITY:**  
 Field Name:  
 Field Status:  
 Action:  
 Retrieving Record

You can Verify that the record is ready for Demographic Verification and Release by clicking on the "Unresolved List/Stakeholders" shortcut. It should show all fields resolved and the Record Status as **"Demographic Verification Not Complete"**.

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services

Step 10: Click "Record" and then select "Demographic Verification"

RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: All Unresolved

DEMOGRAPHIC DATA ENTRY

4/27

Help tips

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3

Comments

Enter a comment below.

4/27/2018 2:04:10 PM : AWESTWORLD  
AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

Search  
New  
Save  
Print  
Relinquish  
Cancel  
Designate Medical Certifier  
Refer to JP/Medical Examiner  
Demographic Verification  
Release  
De-verify  
Abandon  
Order Additional Death Certificates


https://txever.dshs.texas.gov/TxEVERUI/death/gui/DemographicDataEntry/DemographicDataEntry.aspx#



Demographic Data Entry - TxEVER - Google Chrome

Secure | <https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Demographic%20Data%20Entry/DemographicDataEntry.aspx?FromWhere=DCOA#>

[Skip to main content](#) GLOBAL DEATH [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

FUNCTIONS ▾ RECORD ▾ TOOLS ▾ HELP ▾

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: --Select a value--

Unresolved Work Queue: PERSON, ANY, 04/27/2018 1

Help tips

Unresolved List / Stakeholders

Comments

Enter a comment below.

**Death Registration** Please complete DCOA order

OK

Add Comments View Comments

Previous Next

Demographic 5  
Medical 1  
Medical 2  
Medical 3

Comments

ACTIVITY:  
Field Name:  
Field Status:  
Action:  
Retrieving Record

You will be prompted to complete the DCOA Order.

Step 11: Click "Ok"



### Death Certificate Order Interface

#### Record Details

Decedent ID: **182**

Decedent Name: **ANY DECEASED PERSON**

Funeral Home: **FINAL DESTINATION FUNERAL HOME - AUSTIN**

Funeral Director: **ALICIA WESTWORLD**

#### Requestor Details

Requestor Type: **FUNERAL HOME**

First Name:

Middle Name:

Last/Organization Name: **FINAL DESTINATION FUNERAL HOME**

Suffix: **--Select a value--**

Address1: **1234 POND SPRINGS ROAD**

Address2:

State/Country: **TEXAS**

City/Town: **AUSTIN**

Zip: **78750**

Zip Ext:

#### Shipping Address Details

☒ Shipping address same as requestor

Shipping Method: **USPS STD SHIPPING**

First Name:

Middle Name:

Last/Organization Name: **FINAL DESTINATION FUNERAL HOME**

Suffix: **--Select a value--**

Address1: **1234 POND SPRINGS ROAD**

Address2:

State/Country: **TEXAS**

City/Town: **AUSTIN**

Zip: **78750**

Zip Ext:

#### Certificate Details

Type Of Certificate: **DEATH LONG**

No Of Copies: **10**

Cost: **\$ 47.00**

Shipping Fee: **\$ 0.00**

Total: **\$ 47.00**

Verify the Requestor Details is correct.

If shipping to business address you can click the check box "Shipping Address Same as requestor".

Optional: Change the Shipping Method to select faster Shipping. *There will be a charge for different shipping methods.*

Costs and shipping fees will be automatically calculated.

Step 12: Enter the number of Copies you would like to order.

Step 13: Click "Proceed"

Proceed Cancel



### Death Certificate Order Interface

#### Record Details

Decedent ID: 182

Decedent Name: ANY DECEASED PERSON

Funeral Home: FINAL DESTINATION FUNERAL HOME - AUSTIN

Funeral Director: ALICIA WESTWORLD

#### Requestor Details

Requestor Type: FUNERAL HOME

First Name:

Last/Organization Name: FINAL DESTIN

Address1: 1234 POND SP

State/Country: TEXAS

City/Town: AUSTIN

Zip: 78750

#### Shipping Address Details

☒ Shipping address same as requestor

Shipping Method: USPS STD SH

First Name:

Last Name:

Last/Organization Name: FINAL DESTINATION FUNERAL HOME

Select a value

Address1: 1234 POND SPRINGS ROAI

State/Country: TEXAS

City/Town: AUSTIN

Zip: 78750

Zip Ext

#### Certificate Details

Type Of Certificate: DEATH LONG

No Of Copies: 10

Cost: \$47.00

Shipping Fee: \$0.00

Total: \$47.00

#### Mark Payment Done

☒ Mark Payment Done

Proceed Cancel

System will verify your request for the  
number of copies of Death Certificates.

#### DCOA Order

Are you sure you want to order 10 copies of Death Certificate?

Yes

No

Step 14: Click "Yes or No"

[Skip to main content](#) GLOBAL DEATH

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 7 Day(s) All Unresolved

DEMOGRAPHIC DATA ENTRY

4/27

2

Help tips

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

4/27/2018 2:04:10 PM : AWESTWORLD  
AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

The System will return to the Demographic Data Entry screen after ordering the death certificates.

Step 15: Click "Record" and then select "Demographic Verification"

Search  
New  
Save  
Print  
Relinquish  
Cancel  
Designate Medical Certifier  
Refer to JP/Medical Examiner  
Demographic Verification  
Release  
De-verify  
Abandon  
Order Additional Death Certificates

<https://txever.dshs.texas.gov/TxEVERUI/death/gui/DemographicDataEntry/DemographicDataEntry.aspx#>



Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: SON, ANY, 2018/04/27 1

Help tips

**Demographic Verification**

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Verification

**Step 16: Click "Preview" to verify the death record looks completed and there were no mistakes.**

## 1 / 1



VS-112 REV 1/2006

**WARNING**

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$50,000. *Malicious and Dishonest Code, Sec. 38A, 40B.*


TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

☐

Review the Document. Double check the Demographic information. Close the document once you are done reviewing it.



[Skip to main content](#) GLOBAL DEATH LogOut

 **TEXAS**  
Health and Human Services

Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification

DEMOCRAPHIC DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

**Demographic Verification**

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALL
Place of Death:	SETON NORTHWEST HOSPITAL

Running checks for DTP. Please wait...

Preview Cancel Verification

Field Name  
Field Status  
Action: Retrieving Record

*The system will run a check to make sure the record was never dropped to paper (DTP).*

**Step 17: Click "Verification" to open the verification section.**



[Skip to main content](#) GLOBAL DEATH LogOut

**TEXAS** Health and Human Services | Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Filter: Public Verification

### DEMOGRAPHIC DATA ENTRY

**Demographic Verification**

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Verification

**PLEASE ENTER PIN**

☐ I verify that to the best of my knowledge the demographic information on this record is complete and accurate

Verifier Pin:

Forgot PIN Ok Cancel

*The Verification Pin section will expand.*

**Step 18: Click the box to indicate you have reviewed the Demographic Information.**

**Step 19: Enter your 6 digit PIN.**

What if I forgot my Pin?  
Click Forgot Pin and your Pin will be emailed to the address associated with your account.

**Step 20: Click "Ok"**



Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State Health Services FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

**Demographic Data Entry Form:**

- First Name: \_\_\_\_\_
- Middle Name: \_\_\_\_\_
- Last Name: \_\_\_\_\_
- Generational ID: \_\_\_\_\_
- Prefix: \_\_\_\_\_
- Sex: \_\_\_\_\_
- Date Of Birth: \_\_\_\_\_
- Date of Death: \_\_\_\_\_
- Funeral Director: \_\_\_\_\_
- Place of Death: \_\_\_\_\_

**Death Registration**

Are you sure you are ready to verify the record?

**PLEASE ENTER PIN**

☒ I verify that to the best of my knowledge the demographic information on this record is complete and accurate

Verifier Pin:

**System Check:** The system will double check you are ready to verify the record.

**Step 21:** Click "YES"

Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182

Help tips

After Demographic Verification is complete; the system will go back to the record screen.

GRAPHIC DATA ENTRY

Comments

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

AGE IS BETWEEN 100 & 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

Search  
New  
Save  
Print  
Relinquish  
Cancel  
Designate Medical Certifier  
Refer to JP/Medical Examiner  
Demographic Verification  
Release  
De-verify  
Abandon  
Order Additional Death Certificates

https://txever.dshs.texas.gov/TxEVERUI/death/gui/Demographic Data Entry/DemographicDataEntry.aspx#

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Comments

4/27/2018 2:04:16 PM AW  
AGE IS BETWEEN 100 & 135

Enter PIN

Pin: .....

Ok Cancel

Previous Next

Demographic 2  
Demographic 3  
Demographic 4  
Demographic 5  
Medical 1  
Medical 2  
Medical 3

Comments

ACTIVITY:  
Field Name:  
Field Status:  
Action:  
Retrieving Record

**Step 23: Enter your PIN again and Click "Ok"**

What if I forgot my Pin?  
Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.

[Skip to main content](#)
GLOBAL
DEATH
LogOut

**TEXAS**  
 Health and Human  
 Services

Texas Department of State  
 Health Services

FUNCTIONS ▾
 RECORD ▾
 TOOLS ▾
 HELP ▾

EDR: 
 Filing Deadline:  Day(s)

Unresolved Work Queue Filter: --Select a value--

**DEMOGRAPHIC DATA ENTRY**

Unresolved Work Queue: --Select a value-- 0

Help tips

Unresolved List /  
 Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

**Activity:**

Field Name

Field Status

Action

Default Value

Prefix: --Select a value--

Middle Name:

Generational ID: --Select a value--

**DATE OF DEATH**

Date of Death Type: --Select a value--

Date of Death:

**TIME OF DEATH**

Time Of Death Type: --Select a value--

Time Of Death:

Time Of Death Indicator: --Select a value--

**Decedent's Sex**

Sex: --Select a value--

Maiden Last Name:

**Decedent's Date Of Birth**

Date Of Birth:

Age Units: --Select a value--

Age:

**Decedent's Birthplace**

State/Country: (Please click checkbox to filter countries only) --Select a value--

County Of Birth: --Select a value--

City Of Birth: --Select a value--

**Decedent's SSN**

SSN:

Social Security Missing Value Variable: --Select a value--

SSN Verification Status:

Once you get the Pop Up "Record released successfully.", the Funeral Home's portion is completed.

**Death Registration**

Record released successfully.

OK





STATE BATCH PRINT

State File Date

04/30/2018

State File Number For 2017 Year

00000018

State File Number For 2018 Year

00000247

- ☒ All previously not printed.  
☐ All previously printed.

FN

FN

FN

Submit

Object	State File Number	State File Date	State Print	Location	Facility Name	Decedent Name	Birth Date	Birth Year	Death Date	Death Year	General Disposition
<input checked="" type="checkbox"/>			Unprinted	Unprinted	FINAL DESTINATION FUNER	PERSON, ANY	MOTHER, VERY	04/27/2018	2018	WESTWO	

Print

Clear

State Reviews and Accepts



**LOCAL REGISTRAR  
-ACCEPTS & PRINTS**

# LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text "Texas Department of State Health Services". On the top right is a small circular logo with a blue and white design. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". Below the banner is a large image of a smiling woman holding a baby. Overlaid on the bottom right of this image is a yellow button that says "LOG IN to TxEVER". A red speech bubble points to this button with the text "Step 1: Click here to open the TxEVER log in". Below the image is a blue section with white text: "TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute." Below this is a section titled "Contacting the Texas Department of State Health Services(DSHS)". It contains a table of telephone numbers and a mailing address. At the bottom of the page, there is a yellow button that says "Log on to Texas Department of State Health Services". Below this button are two links: "User Enrollment" and "Report TxEVER Issue(s)". A dashed line points from the "User Enrollment" link to a grey box on the left that says "Click here to report issues with TxEVER". Another dashed line points from the "Report TxEVER Issue(s)" link to a grey box on the right that says "Click here to enroll OR update your user account".

**TEXAS**  
Health and Human Services

Texas Department of State Health Services

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.  
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.  
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

**Contacting the Texas Department of State Health Services(DSHS)**

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Texas Department of State Health Services
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	State Office of Vital Records
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	Address: 1100 West 49th Street, Austin, TX 78756
			Ph: (512) 776-7111

Log on to Texas Department of State Health Services

User Enrollment  
Report TxEVER Issue(s)

Click here to report issues with TxEVER

Click here to enroll OR update your user account



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services



## TxEVER Terms of Use

**WARNING:** THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

**Step 2:** Click Yes to agree to the terms and conditions and gain access to TxEVER.







**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services



## Login

User Name:

komieatty1

Password:

\*\*\*\*\*

[Forgot Password?](#)

Log In

**Step 3:** Type your  
TxEVER user name and  
password.

Forgot your password?  
Click here to reset password.

**Step 4:** Click "Log In".

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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## Location

Find important news and updates in the TxEVER broadcast message area.

**Step 5:** Select your user location. Use dropdown if you have multiple locations/offices.

**Step 6:** Click "OK."

[Skip to main content](#) GLOBAL BIRTH DEATH **FEE** [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services


**AUSTINREG1USER**, welcome to the Texas Department of State Health Services

**FUNCTION** **TOOLS** **HELP**


- [Local Print Queue](#)
- [Local Burial/Transit Permit Queue](#)
- [Local Acceptance Queue](#)
- [Local Processes](#)
- [Switch Location](#)
- [Exit Application](#)


**Step 7: Select Death Module Tab to Complete the Death Registration Process.**


**Step 8: Click "Function" then select Local Acceptance Queue**

Current Date: 30-Apr-2018 | Build Number: 1.0.0.0 ©2017 | [Genesis Systems, Inc.](#) 

[Skip to main content](#) GLOBAL BIRTH DEATH FEE 📍 👤 🏠 [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services


FUNCTIONS ▾ RECORD TOOLS HELP ▾ 



### LOCAL ACCEPTANCE QUEUE





PLEASE SELECT RECORD TO PROCEED.

Unresolved Work Queue:

 2

CAPET, MARIE-ANTOINETTE, 2018/04/26  
PERSON, ANY, 2018/04/27

©2017 |

Accept Current Selected Record

Reject Current Selected Record

Reassign Current Selected Record to another Local Registrar

Navigation buttons for switching between records in queue

**Step 9: Click Drop down and select the Record you want to accept.**





**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

[FUNCTIONS](#)[RECORD](#)[TOOLS](#)[HELP](#)

## LOCAL ACCEPTANCE QUEUE

Unresolved Work Queue:

PERSON, ANY, 2018/04/27

2

Local File Number:

Local File Date:

**Step 10: Review the Data  
and click the Green Check  
Mark (✓) to accept the**

State File Number:

0002472018

### DECEDENT'S NAME

Decedent's First Name:	ANY
Decedent's Middle Name:	DECEASED
Decedent's Last Name:	PERSON
Decedent's Suffix:	

### MOTHER LEGAL NAME

Mother's First Name:	VERY
Mother's Middle Name:	PROUD
Mother's Last Name:	MOTHER
Mother's Suffix:	

### DECEDENT'S INFORMATION

Decedent's Date Of Death:	2018/04/27
Place Of Birth:	CALIFORNIA
Place Of Death:	SETON NORTHWEST HOSPITAL
Funeral Home:	FINAL DESTINATION FUNERAL HOME - AUSTIN

### FATHER LEGAL NAME

Father's First Name:	PROUD
Father's Middle Name:	FATHER
Father's Last Name:	PERSON
Father's Suffix:	

**Your office will receive notification via email of this record being assigned to the Local.  
Verify everything is correct according to that email.**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

[FUNCTIONS](#) ▾[RECORD](#)[TOOLS](#)[HELP](#) ▾

## LOCAL ACCEPTANCE QUEUE

Unresolved Work Queue:

PERSON, ANY, 2018/04/27

2

**System Check: The system will  
double check you are wish to  
accept the record.**

Local File Number:

Local File Date:

State File Number:

0002472018

### DECEDENT'S NAME

Decedent's First Name:

ANY

Decedent's Middle Name:

Decedent's Last Name:

Decedent's Suffix:

### DECEDENT'S INFORMATION

Decedent's Date Of Death:

2018/04/27

Decedent's State:

CALIFORNIA

Decedent's Facility:

SETON NORTHWEST HOSPITAL

Decedent's Location:

FINAL DESTINATION FUNERAL HOME -

AUSTIN

### Local Acceptance Queue

Do you wish to accept this record?

### MOTHER LEGAL NAME

Mother's First Name:

VERY

Mother's Middle Name:

Mother's Last Name:

Mother's Suffix:

### FATHER LEGAL NAME

Father's First Name:

PROUD

Father's Middle Name:

FATHER

Father's Last Name:

PERSON

Father's Suffix:

**Step 11: Click "Yes"**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

[FUNCTIONS](#) ▾[RECORD](#)[TOOLS](#)[HELP](#) ▾

## LOCAL ACCEPTANCE QUEUE

Unresolved Work Queue:

PERSON, ANY, 2018/04/27

2

*System Verify: The system will let  
you know the record accepted  
Successfully.*

Local File Numbers:

0002472018

Local File Date:

### DECEDENT'S NAME

Decedent's First Name:

ANY

Decedent's Middle Name:

Decedent's Last Name:

Decedent's Suffix:

### DECEDENT'S INFORMATION

Decedent's Date Of Death:

2018/04/27

CALIFORNIA

SETON NORTHWEST HOSPITAL

FINAL DESTINATION FUNERAL HOME -

AUSTIN

### Local Acceptance Queue

Record accepted successfully.

OK

### MOTHER LEGAL NAME

Mother's First Name:

VERY

Mother's Middle Name:

Mother's Last Name:

Mother's Suffix:

### FATHER LEGAL NAME

Father's First Name:

PROUD

Father's Middle Name:

FATHER


Father's Last Name:

PERSON

Father's Suffix:

Step 12: Click "Ok"

[Skip to main content](#) GLOBAL BIRTH DEATH FEE 📍 👤 🏠 [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

**AUSTINREG1USER , welcome to the Texas Department of State Health Services**

**FUNCTION** **TOOLS** **HELP**

Local Print Queue  
Local Burial Transit Permit Queue  
Local Acceptance Queue  
Local Processes  
Switch Location  
Exit Application


**From the Local Acceptance Queue**

**FUNCTION** **TOOLS**

General Data Entry  
Legal View  
Local Print Queue  
Local Burial Transit Permit Queue  
Local Acceptance Queue  
Local Processes  
Switch Location  
Exit Application

**Step 7: Click "Function" then select Local Print Queue**

Current Date: 30-Apr-2018 | Build Number: 1.0.0.0

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## Submit

0301716-2-64-1

[Skip to main content](#) GLOBAL BIRTH DEATH FEE LogOut

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

[FUNCTIONS](#) [RECORD](#) [TOOLS](#) [HELP](#) 

### LOCAL PRINT QUEUE

**Document Filter** NEWLY REGISTERED RECORDS

☒ All previously not printed.

☐ All previously printed.


\* SFN Year

SFN From

SFN To


**Step 15: Ensure "All previously not printed." is selected and Click "Submit"**

[Skip to main content](#)
GLOBAL
BIRTH
DEATH
FEF
LogOut



**TEXAS**  
 Health and Human  
 Services

Texas Department of State  
 Health Services

FUNCTIONS
RECORD
TOOLS
HELP


LOCAL PRINT QUEUE

Document Filter
 NEWLY REGISTERED RECORDS

☒ All previously not printed.
 ☐ All previously printed.

\* SFN Year

SFN From

SFN To

Submit

<input type="checkbox"/> Select		State File Number	State File Date	Local File Number	Local File Date	State Print	Local Print	Facility Name	Decedent Name	Mother
<input type="checkbox"/>	<a href="#">View Details</a>	0002212018	03/19/2018	000506	04/26/2018	PRINTED	UNPRINTE	ALL FAITHS FUNERAL HOM	MCCARTY, WILLIAM DEVIN	
<input type="checkbox"/>	<a href="#">View Details</a>	0002332018	04/10/2018	000507	04/26/2018	PRINTED	UNPRINTE	GOLDEN GATE FUNERAL H	RABBIT, PETER	RABBI
<input type="checkbox"/>	<a href="#">View Details</a>	0002402018	04/12/2018	000504	04/26/2018	PRINTED	UNPRINTE	CARNES FUNERAL HOME	DEATH, INFANT	FATH,
<input type="checkbox"/>	<a href="#">View Details</a>	0002452018	04/27/2018	000508	04/27/2018	PRINTED	UNPRINTE	REGISTRAR - CITY OF AUS	COMEY, JAMES	CABB/
<input type="checkbox"/>	<a href="#">View Details</a>	0002472018	04/30/2018	000509	04/30/2018	PRINTED	UNPRINTE	FINAL DESTINATION FUNEF	PERSON, ANY	MOTHI

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 Displaying Records 1 - 5 of 5

Print

Clear

Step 16: Select specific records to print or select all by clicking in the top box. Click "Print"



## LOCAL PRINT QUEUE

**Helpful Tip: Only records with the Check Mark will be printed.**

Document Filter

NEWLY REGISTERED RECORDS

☒ All previously not printed.☐ All previously printed.

\* SFN Year

SFN From

SFN To

[Submit](#)

**Helpful Tip: Records printed here will be automatically assigned a Local File Number and Local File Date and Time.**

<input type="checkbox"/> Select		State File Number	State File Date	Local File Number	Local File Date	State Print	Local Print	Facility Name	Decedent Name	Mother
<input type="checkbox"/>	<a href="#">View Details</a>	0002212018	03/19/2018	000506	04/26/2018	PRINTED	UNPRINTE	ALL FAITHS FUNERAL HOM	MCCARTY, WILLIAM	DEVIN
<input type="checkbox"/>	<a href="#">View Details</a>	0002332018	04/10/2018	000507	04/26/2018	PRINTED	UNPRINTE	GOLDEN GATE FUNERAL H	RABBIT, PETER	RABBI
<input type="checkbox"/>	<a href="#">View Details</a>	0002402018	04/12/2018	000504	04/26/2018	PRINTED	UNPRINTE	CARNES FUNERAL HOME	DEATH, INFANT	FATH,
<input type="checkbox"/>	<a href="#">View Details</a>	0002452018	04/27/2018	000508	04/27/2018	PRINTED	UNPRINTE	REGISTRAR - CITY OF AUS	COMEY, JAMES	CABB
<input checked="" type="checkbox"/>	<a href="#">View Details</a>	0002472018	04/30/2018	000509	04/30/2018	PRINTED	UNPRINTE	FINAL DESTINATION FUNE	PERSON, ANY	MOTH


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 Health and Human  
 Services

Texas Department of State  
 Health Services

FUNCTIONS
RECORD
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HELP


### LOCAL PRINT QUEUE

**System Verify:** The system will let you know the record is successfully marked and that the PDF version will open next.

All previously not printed.

Local Print Queue

Record successfully marked to indicate that the local copy has printed. The document will now load as a PDF document.

OK

<input type="checkbox"/> Select		State File Number	State File Date	Local File Number	Local File Date	State Print	Local Print	Facility Name	Decedent Name	Mother
<input type="checkbox"/>	<a href="#">View Details</a>	0002212018	03/19/2018	000506	04/26/2018	PRINTED	UNPRINTE	ALL FAITHS FUNERAL HOM	MCCARTY, WILLIAM	DEVIN
<input type="checkbox"/>	<a href="#">View Details</a>	0002332018	04/10/2018	000507	04/26/2018	PRINTED	UNPRINTE	GOLDEN GATE FUNERAL H	RABBIT, PETER	RABBIT
<input type="checkbox"/>	<a href="#">View Details</a>	0002402018	04/12/2018	000504	04/26/2018	PRINTED	UNPRINTE	CARNES FUNERAL HOME	DEATH, INFANT	FATH, J
<input type="checkbox"/>	<a href="#">View Details</a>	0002452018	04/27/2018			UNPRINTE	UNPRINTE	REGISTRAR - CITY OF AUS	COMEY, JAMES	CABBAGE
<input checked="" type="checkbox"/>	<a href="#">View Details</a>	0002472018	04/30/2018			UNPRINTE	UNPRINTE	FINAL DESTINATION FUNE	PERSON, ANY	MOTHER

Page 1 of 1

Displaying Records 1 - 5 of 5

Print

Clear

**With this PDF Version, you will be able to verify the Local File Number, Local File Date, and the Local Registrar's Electronic Signature.**

4/8-142 REV1/2006



# BURIAL TRANSIT PERMIT

# FH - BTP FOR A NATURAL COD

The screenshot displays the Texas Department of State Health Services web application interface. At the top, the 'DEATH' tab is selected in the navigation bar. A red box highlights this tab with the text: "Step 1: Select Death Module Tab to obtain the Burial Transit Permit." Below the navigation bar, the 'RECORD' dropdown menu is open, and the 'Print' option is selected. A second red box highlights the 'Burial Transit Permit' option in the print menu with the text: "Step 2: Click 'Record' then select Burial Transit Permit from Print menu". The main content area shows a form for entering the date of death, a list of unresolved items, and a comments section. The comments section contains two entries from 4/2/2018 9:51:32 AM, both from MMAJOR, stating that the decedent's actual first and last names should be the same as the presumed names.


**Step 1: Select Death Module Tab to obtain the Burial Transit Permit.**

**Step 2: Click "Record" then select Burial Transit Permit from Print menu**





## BURIAL TRANSIT PERMIT

Name of Decedent - First		Middle		Last	
BEEN				SMOKED	
Age	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Death (mm-dd-yyyy)	Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		
100 YEARS	<input type="checkbox"/> Unknown	03/20/2018			
Place of Death		City - County	State		
SETON NORTHWEST HOSPITAL		AUSTIN, TRAVIS	TX		
Name of Cemetery or Crematorium		City	State		
NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN		AUSTIN	TX		
Print Name of Funeral Director or Person Acting as Such		Address	City	State	Zip Code
GAETAN CARPENTIER		2620 SOUTH CONGRESS AVENUE	AUSTIN	TX	78704
Local Registrar		County	City/Precinct	File Number	
WEED-CORLEY-FISH FH SOUTH-AUSTIN		TRAVIS	AUSTIN	0002292018	
<p>A certificate of death having been registered or completed in so far as possible; permission is hereby given for final disposition, transport, or removal of the body from the state of Texas.</p> <div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between;"> <div>Signature of Registrar or Electronic Validation</div> <div>Date: 05/10/2018</div> </div>					
Received by: _____			Date: _____		

**WARNING**  
This is a government document. Texas Penal Code, Section 37.10, specifies penalties for unauthorized use of this information. For more information on this document, visit [www.dhs.gov/immigration](http://www.dhs.gov/immigration).

Code Sec. 181.2(b), "If a dead body or fetus is to be removed from this state, transported by common carrier, or interred in a foreign country, the funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar of health, or from the state registrar electronically through a Bureau of Vital Statistics electronic death registration system, before the body is removed from this state. A burial-transit permit shall not be issued until a certificate of death, completed in so far as possible, has been filed with the registrar." (Emphasis added.)

by the registrar as needed. A copy of this permit is to accompany the body in  
ized for the issuance of a Burial-Transit Permit.

If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

V8-116T Revised 02/2004

**Step 3: Print or Save the PDF version for your records.**

# FH - BTP FOR UN-NATURAL COD

The screenshot displays the TDSHS web application interface. At the top, there is a navigation bar with 'Skip to main content', 'GLOBAL', and 'DEATH' tabs. Below this is the Texas Department of State Health Services logo and a header section with 'FUNCTIONS', 'RECORD', and 'HELP' menus. A red box highlights the 'DEATH' tab with the text: 'Step 1: Select Death Module Tab to obtain the Burial Transit Permit.'

Below the header, there is a search bar and a 'Please enter Date Of Death' prompt. The main content area shows a list of records with columns for 'Unresolved List / Stakeholders', 'Comments', and 'Activity'. The 'Comments' column contains two entries from 4/2/2018 9:51:32 AM, both from MMAJOR, stating that the decedent's actual first and last names should be the same as the presumed names. The 'Activity' column shows 'Retrieving Record'.

A red box highlights the 'RECORD' menu, which is open, showing options like 'Search', 'New', 'Save', 'Print', 'Relinquish', 'Cancel', 'Designate Medical Certifier', 'Refer to JP/Medical Examiner', 'Demographic Verification', 'Release', 'De-verify', 'Abandon', and 'Order Additional Death Certificates'. A sub-menu is open for 'Print', showing options like 'Death Certificate Worksheet', 'Burial Transit Permit', 'Report of Death', and 'Verification of Death Facts'. A red arrow points from the 'Burial Transit Permit' option to a red box with the text: 'Step 2: Click "Record" then select "Burial Transit Permit" from Print menu'.





[Skip to main content](#) GLOBAL DEATH LogOut

**TEXAS** Health and Human Services | Texas Department of State Health Services

FUNCTIONS RECORD HELP

EDR: 000000000114 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: BOOM, BABY, 04/03/2018 1

Please enter Date Of Death

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

**GENERAL INFORMATION**

State File Number: 0002432018 Birth State File Number: Record Type: IDENTIFIED

Prefix: Middle Name: Generational ID:

**DATE OF DEATH**

Date of Death Type: ACTUAL DATE OF DEATH Date of Death: 04/03/2018

Time Of Death Type: ACTUAL TIME OF DEATH Time Of Death: 08:05

**DECEDENT'S SEX**

Sex: MALE Maiden Last Name: Age:

**DECEDENT'S BIRTHPLACE**

State/Country: (Please click checkbox to filter countries only) ☐ TEXAS

County Of Birth: TRAVIS City Of Birth: AUSTIN City(Other):

**DECEDENT'S SSN**

SSN: Social Security Missing Value Variable: UNKNOWN SSN Verification Status:

Activity: Field Name: Field Status: Action: Viewing Record

**Death Registration**

Request for burial transit permit printing initiated successfully.


OK

**Step 4: Click "OK" to complete the submission for a "Burial Transit Permit" request**



# LOCAL REGISTRAR - BTP QUEUE

[Skip to main content](#) GLOBAL BIRTH **DEATH** FEE

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

**REGADMIN AUSTIN , welcome** of State H


**FUNCTION** **TOOLS** **HELP**


- [General Data Entry](#)
- [Local Print Queue](#)
- [Local Burial Transit Permit Queue](#)
- [Local Acceptance Queue](#)
- [Local Processes](#)
- [Switch Location](#)
- [Exit Application](#)

**Step 1: Select Death Module Tab to obtain the Local Burial Transit Permit Queue.**

**Step 2: Click "Function" then select "Local Burial Transit Permit Queue"**

[Skip to main content](#) GLOBAL BIRTH DEATH FEE 📍 | 👤 | 🏠 | [LogOut](#)

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[FUNCTIONS](#) [RECORD](#) [TOOLS](#) [HELP](#) 

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### Local Burial Transit Permit Queue

**Date Permit Requested**

From Date: \*  To Date: \*

**Funeral Home Name**

Funeral Home Name

**Step 3: Enter the date value at which a "Burial Transit Permit" request was submitted**

**Step 4: Click the "Search" button to retrieve requests**

*This new screen will appear with all Burial Transit Permit requests submitted to your office.*



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LogOut

FUNCTIONS RECORD TOOLS HELP



### Local Burial Transit Permit Queue

#### Date Permit Requested

From Date: \* 01/01/2018

To Date: \* 05/09/2018



**Step 5: Select one of the requests showing in the result window**

Search

Clear

Request Date	Funeral Home Name	Manner Of Death	Date Of Death	Decedent Name	Notes
04/02/2018	WEED-CORLEY-FISH FH NORTH-AUS	PENDING INVEST	03/20/2018	MORRIS, PHILLIP	

Page 1 of 1 | Displaying Records 1 - 1 of 1

Decedent's Name: MORRIS, PHILLIP  
Sex: MALE  
Place Of Death: SETON NORTHWEST HOSPITAL  
Funeral Director Name: GAETAN CARPENTIER  
Manner Of Death: PENDING INVESTIGATION  
Request Date: 04/02/2018

Date Of Death: 03/20/2018  
Method Of Disposition: CREMATION  
Name Of Cemetery/Crematorium: NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN  
Funeral Home Name: WEED-CORLEY-FISH FH NORTH-AUSTIN  
Resubmit Notes:

**Step 6: Review the request and click the Green Check Mark (✓) or the "Accept" button to accept the request.**

Accept

Reject



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[FUNCTIONS](#) [RECORD](#) [TOOLS](#) [HELP](#)



### Local Burial Transit Permit Queue

#### Date Permit Requested

From Date: \* 01/01/2018

To Date: \* 05/09/2018

#### Funeral Home Name

Funeral Home Name:

Request Date	Funeral Home Name
04/02/2018	WEED-CORLEY-FISH FH NORTH-AUS

#### Burial Permit Queue

Record accepted successfully.

OK

Page 1 of 1

Displaying Records 1 - 1 of 1

Decedent's Name

Sex:

Place Of Death:

Funeral Director Name:

Manner Of Death:

Request Date:

MODRIC, DUNN, LUB

SET

GAETAN CARPENTIER

PENDING INVESTIGATION

04/02/2018

Date Of Death:

03/20/2018

Method Of Disposition:

CREMATION

Name Of Cemetery/Crematorium:

NEPTUNE SOCIETY CREMATION SERVICE-  
AUSTIN

Funeral Home Name:

WEED-CORLEY-FISH FH NORTH-AUSTIN

Resubmit Notes:

Accept

Reject

Step 7: Click "Ok"



# FH - RETRIEVE BTP FROM PRINT QUEUE

In the meantime, the Funeral Home user should receive an email notification containing the status of the Burial Transit Permit Request status.

---

**From:** [NO\\_REPLY@genesisisinfo.com](mailto:NO_REPLY@genesisisinfo.com)

**Sent:** Thursday, May 10, 2018 1:50:03 PM (UTC-06:00) Central Time (US & Canada)

**To:** Carpentier,Gaetan (DSHS); Carpentier,Gaetan (DSHS)

**Cc:** Moshier,Juanita (DSHS)

**Subject:** Burial Transit Permit accepted by Local Registrar

**WARNING:** This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Burial Transit Permit **accepted** by Local Registrar.




Electronic Death Record #00000000000085


Decedent Name: PHILLIP MORRIS

Date of Death: 03/20/2018

Place of Death: SETON NORTHWEST HOSPITAL

This is an automatically generated E-mail. Please do not 'Respond' to this E-mail as a response by E-mail will not be processed.

[Skip to main content](#) GLOBAL DEATH    [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

**GAETAN CARPENTIER** Department of State

**Step 1: Select Death Module Tab to obtain the Local Burial Transit Permit Queue.**

**FUNCTION** **TOOLS** **HELP**


- [Demographic Data Entry](#)
- [Facility Statistical Correction](#)
- [Permit Print Queue](#)
- [Funeral Home Processes](#)
- [Switch Location](#)
- [Exit Application](#)

[Show Dashboard](#)

**Step 2: Click "Function" then select "Permit Print Queue"**


[Skip to main content](#)


[GLOBAL](#)[DEATH](#)




**TEXAS**  
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Texas Department of State  
Health Services

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### Funeral Home Permit Print Queue

Permit Filter

Request Status

--Select a value--

Burial Transit Permit

Disinterment Permit

☒ All previously not printed.


☐ All previously printed.

SFN Year:

SFN From:

SFN To:

Submit

--Select a value--

Accepted

Rejected

InValidated

Step 3: Click the dropdown arrow and select a value from the

Step 4: Click the dropdown arrow and select a value from the

Step 5: Click the "Submit" button

*This new screen will appear with all Burial Transit Permit requests.*

Health and Human  
Services

Health Services

FUNCTIONS ▾
RECORD ▾
TOOLS ▾
HELP ▾

---

### Funeral Home Permit Print Queue

**Permit Filter** Burial Transit Permit ▾

**Request Status** Accepted ▾

☒ All previously not printed.  
☐ All previously printed.

**Request Date From:** \* \_/\_/

**Request Date To:** \* \_/\_/

Submit

**Step 6: Select one of the requests showing in the result window**

FH Print	Local Print	Facility Name	Decedents Name	Date Of Death	Status	Notes	Processed On	Processed By
UNPRINT	NA	WEED-CORLEY-FISH FH NC	MORRIS, PHILLIP	03/20/2018	ACCEPTED		05/10/2018	AUSTINREGAL

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🔄

Displaying Records 1 - 1 of 1

Request Status

Decedent's Name

Sex

Notes:

Date Of Death:

Method Of Disposition:

Name Of Cemetery/Crematorium:

Funeral Home Name:

ACCEPTED

MORRIS, PHILLIP

MALE

SETON NORTHWEST HOSPITAL

GAETAN CARPENTIER

03/20/2018

CREMATION

NEPTUNE SOCIETY CREMATION SERVICE-  
AUSTIN

WEED-CORLEY-FISH FH NORTH-AUSTIN

**Step 7: Click the "Print" button**

Print

Clear





### Funeral Home Permit Print Queue

Permit Filter

Request Status

☒ All previously not printed.

☐ All previously printed.

Request Date From: \*

#### Funeral Home Print Queue

Record successfully marked to indicate that the funeral home copy has printed. The document will now load as a PDF document.

OK

FH Print	Local Print	Facility Name	Processed On	Processed By
UNPRINT	NA	WEED-CORLEY	10/10/2018	AUSTINREGA

Page 1 of 1

Displaying Records 1 - 1 of 1

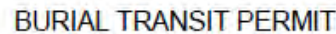
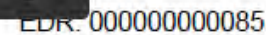
Request Status	ACCEPTED
Decedent's Name	MORRIS, PHILLIP
Sex	MALE
	SETON NORTHWEST HOSPITAL
	GAETAN CARPENTIER

Notes:	
Date Of Death:	03/20/2018
Method Of Disposition:	CREMATION
Name Of Cemetery/Crematorium:	NEPTUNE SOCIETY CREMATION SERVICE- AUSTIN
Funeral Home Name:	WEED-CORLEY-FISH FH NORTH-AUSTIN

Step 8: Click the "OK" button

Print

Clear



**WARNING**

This is a government document. Texas Penal Code, Section 37.10, prohibits penalties for making false entries or providing false information in this document.

Code Sec. 181.2(b), "If a dead body or fetus is to be removed from this state, transported by common carrier, or by a funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar of the county in which the body is found, or from the state registrar electronically through a Bureau of Vital Statistics electronic death certificate, or shall obtain a burial-transit permit until a certificate of death, completed in so far as possible, has been filed with the local registrar (or the state registrar if the body is being transported to another state for interment)."

by the registrar as needed. A copy of this permit is to accompany the body in the casket for the issuance of a Burial-Transit Permit.

If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

V8-118T Revised 8/2004

# APPENDIX

## Unresolved Work Queue Filters

- **All Unresolved:** Unresolved Work Queue will list all records that are unresolved for any reason.
- **Awaiting Medical Certification:** Unresolved Work Queue will display all records that are waiting for the Medical Certification.
- **Medical Amendment:** Unresolved Work Queue will display all records that have a medical amendment started and are waiting for completion.
- **Medical Data Entry Incomplete:** Unresolved Work Queue will display all records that are waiting the medical data to be completed.
- **Pending Cause of Death:** Unresolved Work Queue will display all records that have been flagged with a Pending cause of death.
- **Records Filed with Registrar:** Unresolved Work Queue will display all records that are waiting on the Local Registrar to accept and print.
- **Rejected:** Unresolved Work Queue will display all records that were rejected by either the medical certifier, state registrar, or the local registrar.
- **Sent to Medical Examiner:** Unresolved Work Queue will display all records that are waiting for the medical examiner.
- **Submitted to Funeral Establishment:** Unresolved Work Queue will display all records that were started by a medical examiner or justice of the peace and have been assigned to the funeral establishment to complete.